**CLIENTS ADVICE RECORD**

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| **NAME OF CLIENT:               DATE OF INTERACTION:** |  |
| **WAS A COMPREHENSIVE NEEDS ANALYSIS DONE?**  | **YES** |  **NO** |
| **WAS A RISK ANALYSIS COMPLETED?** | **YES** |   **NO** |
| **DIFFERENT FINANCIAL PRODUCTS CONSIDERD:**  | **QUOTES SEEN** | **YES** | **NO** |
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| **NEEDS/ITEMS THAT WERE CONSIDERD AND ACTIONS TO TAKE:**  |
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| **SUGGESTED PRODUCTS/ FUTURE PLANS AND PRIORITIES**  |
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| **A STATUTORY NOTICE AND DISCLOSURE LETTER WAS PRESENTED** | **YES** | **NO** |

**THE ADVICE IS BASED ON CORRECT INFORMATION PROVIDED BY THE CLIENT OR THE THIRD PARTY.**
I THE UNDERSIGNED NOTE THAT IF I CANCEL OR SURRENDER MY POLICY; I WILL MANAGE AND AMEND MY OWN PERSONAL PORTFOLIO.

**REPRESENTATIVE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLIENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**